

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FRIENDS OF LIZ BROWN INC.

ADDRESS (number and street) ▼

PO BOX 15114



Check if different than previously reported. (ACC)

FORT WAYNE

IN

46885

2. FEC IDENTIFICATION NUMBER ▼

C

C00578328

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

IN

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 / 03 / 2016

in the State of

IN

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2016

through

M M / D D / Y Y Y Y
04 / 13 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher M Marston

Signature of Treasurer

Christopher M Marston

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 21 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

FRIENDS OF LIZ BROWN INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3805.00	264810.48
(b) Total Contribution Refunds (from Line 20(d))	150.00	7550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3655.00	257260.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	80577.65	243787.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	64.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	80577.65	243723.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	112776.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100100.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 21

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

FRIENDS OF LIZ BROWN INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

3805.00

181493.00

(ii) Unitemized.....

0.00

5765.00

(iii) TOTAL of contributions from individuals ▶

3805.00

187258.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

2050.00

(d) The Candidate.....

0.00

75502.48

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3805.00

264810.48

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

100000.00

100000.00

(b) All Other Loans.....

0.00

100.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

100000.00

100100.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

64.19

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

103805.00

364974.67

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80577.65	243787.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	150.00	7100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	450.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	150.00	7550.00
21. OTHER DISBURSEMENTS	0.00	860.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	80727.65	252197.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	89699.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103805.00
25. SUBTOTAL (add Line 23 and Line 24).....	193504.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80727.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	112776.70

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF LIZ BROWN INC.

A. Full Name (Last, First, Middle Initial) Justin E Arata			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 4321 Taylor Rd			Transaction ID : SA11AI.5403	
City	State	Zip Code	Amount of Each Receipt this Period _____ 150.00	
Fort Wayne	IN	46804	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		<input type="text"/> C	Amount of Each Receipt this Period _____ 400.00	
Name of Employer NA		Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 400.00		
B. Full Name (Last, First, Middle Initial) Tim Baker			Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2016	
Mailing Address 2142 E 800 N			Transaction ID : SA11AI.5396	
City	State	Zip Code	Amount of Each Receipt this Period _____ 150.00	
Ossian	IN	46777	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		<input type="text"/> C	Amount of Each Receipt this Period _____ 350.00	
Name of Employer Self		Occupation Farmer	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 350.00		
C. Full Name (Last, First, Middle Initial) Edward M. Dahm			Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 1310 E State			Transaction ID : SA11AI.5395	
City	State	Zip Code	Amount of Each Receipt this Period _____ 100.00	
Fort Wayne	IN	46805	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		<input type="text"/> C	Amount of Each Receipt this Period _____ 550.00	
Name of Employer None		Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 550.00		
SUBTOTAL of Receipts This Page (optional).....			_____ 400.00	
TOTAL This Period (last page this line number only).....			_____	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF LIZ BROWN INC.

A. Full Name (Last, First, Middle Initial) Dennis F Dykhuizen			Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2016	
Mailing Address 10727 Country Wood Trl			Transaction ID : SA11AI.5389	
City	State	Zip Code		
Fort Wayne	IN	46854		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 150.00	
Name of Employer		Occupation		
Rotheberg Logan & Warsco LLP		Attorney		
Receipt For: 2016		Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		300.00	<input type="checkbox"/> Memo Item	
B. Full Name (Last, First, Middle Initial) Ronald J Ehinger			Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2016	
Mailing Address 6210 Morgan Rd			Transaction ID : SA11AI.5393	
City	State	Zip Code		
Monroeville	IN	46773		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 200.00	
Name of Employer		Occupation		
Barrett & McNagny LLP		Attorney		
Receipt For: 2016		Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		200.00	<input type="checkbox"/> Memo Item	
C. Full Name (Last, First, Middle Initial) John Eppard			Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2016	
Mailing Address 8106 Sorrel Lane			Transaction ID : SA11AI.5387	
City	State	Zip Code		
Ft. Wayne	IN	46825		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation		
Sanofi		Senior National Account Executive		
Receipt For: 2016		Election Cycle-to-Date		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		900.00	<input type="checkbox"/> Memo Item	
SUBTOTAL of Receipts This Page (optional).....			600.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF LIZ BROWN INC.

A. Full Name (Last, First, Middle Initial) Roger R Federspiel			Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2016	
Mailing Address 7023 Brackenwood Ct			Transaction ID : SA11AI.5404	
City	State	Zip Code		
Fort Wayne	IN	46835		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 350.00	
Name of Employer Self-employed		Occupation Restaurateur	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00		
B. Full Name (Last, First, Middle Initial) Sara E Gray			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 3110 Meadows Park Way			Transaction ID : SA11AI.5400	
City	State	Zip Code		
Fort Wayne	IN	46825		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 75.00	
Name of Employer None		Occupation Retired	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 225.00		
C. Full Name (Last, First, Middle Initial) Dr Thomas J Hoffman			Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2016	
Mailing Address 4302 E State Blvd			Transaction ID : SA11AI.5398	
City	State	Zip Code		
Fort Wayne	IN	46815		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 150.00	
Name of Employer Self		Occupation Dentist	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 150.00		
SUBTOTAL of Receipts This Page (optional).....			575.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

Richard E Honig

Mailing Address 1835 Forest Park Blvd

City

Fort Wayne

State

IN

Zip Code

46805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berne Apparel

Occupation

owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : SA11AI.5392

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Marna Johnson

Mailing Address 914 E Gump Rd

City

Fort Wayne

State

IN

Zip Code

46845

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2016

Transaction ID : SA11AI.5429

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Steve Justus

Mailing Address 401 McBarnes Apt. 1

City

Decatur

State

IN

Zip Code

46733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Wayne Community Schools

Occupation

Teacher

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

338.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1270.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF LIZ BROWN INC.

A. Full Name (Last, First, Middle Initial) Steve Justus		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2016	
Mailing Address 401 McBarnes Apt. 1		Transaction ID : SA11AI.5433	
City Decatur	State IN	Zip Code 46733	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Fort Wayne Community Schools	Occupation Teacher		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____ 363.00		
B. Full Name (Last, First, Middle Initial) Hans Nemec		Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2016	
Mailing Address 4419 Warsaw		Transaction ID : SA11AI.5430	
City Fort Wayne	State IN	Zip Code 46906	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Self	Occupation Plumber		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____ 25.00		
C. Full Name (Last, First, Middle Initial) Theresa A Shortgen		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2016	
Mailing Address 146 N Rufus St		Transaction ID : SA11AI.5390	
City New Haven	State IN	Zip Code 46774	Amount of Each Receipt this Period _____ 110.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer _____	Occupation _____		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date _____ 110.00		
SUBTOTAL of Receipts This Page (optional)		_____ 160.00	
TOTAL This Period (last page this line number only)		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. Sam Talarico

Mailing Address 1923 E State St

City

Fort Wayne

State

IN

Zip Code

46805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barrett & McNagny LLP

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2016

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephen Till

Mailing Address 9008 Wallen Ln

City

Fort Wayne

State

IN

Zip Code

46825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Entrepreneur

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2016

Transaction ID : SA11AI.5434

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Don A Wolf

Mailing Address 11718 Autumn Tree Dr

City

Fort Wayne

State

IN

Zip Code

46845

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2016

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

Patricia C Wyss

Mailing Address 1725 W Yoder Rd

City

Fort Wayne

State

IN

Zip Code

46819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2016

Transaction ID : SA11Al.5386

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

3805.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF LIZ BROWN INC.

A. Full Name (Last, First, Middle Initial) LIZ BROWN		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2016	
Mailing Address PO BOX 15114		Transaction ID : SA13A.5388	
City FORT WAYNE	State IN	Zip Code 46885	Amount of Each Receipt this Period 100000.00
FEC ID number of contributing federal political committee. C H6IN03237		<input type="checkbox"/> Memo Item <input type="checkbox"/> Loan	
Name of Employer Self / State of Indiana	Occupation Mediator / Senator		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 175502.48		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		100000.00	
TOTAL This Period (last page this line number only).....		100000.00	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. Baker Street Steakhouse

Mailing Address 4820 N Clinton St

City	State	Zip Code
Fort Wayne	IN	46825

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

729.60

☐ Memo Item

Transaction ID : SB17.5421

B. Copy Solutions, Inc.

Mailing Address 5928 W. Jefferson Blvd.

City	State	Zip Code
Fort Wayne	IN	46804

Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

234.92

☐ Memo Item

Transaction ID : SB17.5415

c. Mark It Red LLC

Mailing Address PO Box 722

City	State	Zip Code
Lebanon	IN	46052

Purpose of Disbursement
Strategic Consulting; Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2016

Amount of Each Disbursement this Period

12406.81

☐ Memo Item

Transaction ID : SB17.5099

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13371.33

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. Mark It Red LLC

Mailing Address PO Box 722

City	State	Zip Code
Lebanon	IN	46052

Purpose of Disbursement
Video Production; Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2016

Amount of Each Disbursement this Period

7976.10

☐ Memo Item

Transaction ID : SB17.5105

B. Mark It Red LLC

Mailing Address PO Box 722

City	State	Zip Code
Lebanon	IN	46052

Purpose of Disbursement
Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2016

Amount of Each Disbursement this Period

40610.00

☐ Memo Item

Transaction ID : SB17.5106

c. Mark It Red LLC

Mailing Address PO Box 722

City	State	Zip Code
Lebanon	IN	46052

Purpose of Disbursement
Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
04 / 13 / 2016

Amount of Each Disbursement this Period

13153.81

☐ Memo Item

Transaction ID : SB17.5428

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

61739.81

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 6600 N Military Trl

City	State	Zip Code
Boca Raton	FL	33496

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

13.90

☐ Memo Item

Transaction ID : SB17.5416

B. Office Depot

Mailing Address 6600 N Military Trl

City	State	Zip Code
Boca Raton	FL	33496

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

90.90

☐ Memo Item

Transaction ID : SB17.5417

c. Raise the Money, Inc.

Mailing Address PO Box 26466

City	State	Zip Code
Little Rock	AR	72221

Purpose of Disbursement
CC Processing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2016

Amount of Each Disbursement this Period

94.44

☐ Memo Item

Transaction ID : SB17.5443

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

199.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. Graham Renbarger

Mailing Address 6931 Schwartz Rd

City	State	Zip Code
Fort Wayne	IN	46835

Purpose of Disbursement
Intern Stipend

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	1	6

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Transaction ID : SB17.5436

B. Graham Renbarger

Mailing Address 6931 Schwartz Rd

City	State	Zip Code
Fort Wayne	IN	46835

Purpose of Disbursement
Intern Stipend

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	6

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Transaction ID : SB17.5444

C. Rogness Communications LLC

Mailing Address 1231 Middelfield Rd

City	State	Zip Code
Palo Alto	CA	94301

Purpose of Disbursement
Communications Consulting; Consultant Expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

Amount of Each Disbursement this Period

2181.39

☐ Memo Item

Transaction ID : SB17.5100

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2781.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. Maddie Scheele

Mailing Address 1803 Monet Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

City	State	Zip Code
Fort Wayne	IN	46845

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

343.00

☐ Memo Item

Transaction ID : SB17.5438

Full Name (Last, First, Middle Initial)

B. Maddie Scheele

Mailing Address 1803 Monet Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

City	State	Zip Code
Fort Wayne	IN	46845

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

352.25

☐ Memo Item

Transaction ID : SB17.5442

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 475 L'Enfant Plz

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

City	State	Zip Code
Washington	DC	20536

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

147.00

☐ Memo Item

Transaction ID : SB17.5406

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

842.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 475 L'Enfant Plz

City	State	Zip Code
Washington	DC	20536

Purpose of Disbursement
Postage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

196.00

☐ Memo Item

Transaction ID : SB17.5418

B. Verizon Wireless

Mailing Address 15505 Sand Canyon Ave.

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement
Cell Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2016

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Transaction ID : SB17.5414

C. Verizon Wireless

Mailing Address 15505 Sand Canyon Ave.

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement
Cell Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Transaction ID : SB17.5425

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

356.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF LIZ BROWN INC.

Full Name (Last, First, Middle Initial)

A. Mitchell Willoughby

Mailing Address 834 landera Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

City	State	Zip Code
New Haven	IN	46774

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Intern StipendCategory/
Type☐ Memo Item**Transaction ID : SB17.5445**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

79590.12

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 21

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5388

FRIENDS OF LIZ BROWN INC.

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

LIZ BROWN

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
PO BOX 15114

City

State

ZIP Code

FORT WAYNE

IN

46885

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y
04 / 13 / 2016

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 21

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

FRIENDS OF LIZ BROWN INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election CFO, LLC

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

PO Box 26141

City

State

ZIP Code

Alexandria

VA

22313

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 27 / 2015

Date Due

M M / D D / Y Y Y Y
7/1/2015

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

TOTALS This Period (last page in this line only)..... ►

100100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.